

**Vendor's Offer**  
**"Return this Section with your Response"**


Offeror must complete, sign and submit an original of this form to the City Procurement Office with the proposal response. An unsigned "Vendor's Offer", late proposal response, and/or a materially incomplete response will be considered nonresponsive and rejected. Offeror is to type or legibly write in ink all information required below.

Company Name: <u>Stardust Non-Profit Building Supplies, Inc.</u>	
Company Purchase Order Mailing Address:	
Street Address: <u>1720 W Broadway Rd #101</u>	
City, State, Zip: <u>Mesa, AZ 85202</u>	
Contact Person: <u>Karen L Jayne</u>	Phone Number: <u>480-668-0566 x 26</u>
E-mail Address: <u>kjayne@stardustbuilding.org</u>	Cell Number: <u>480-695-8520</u>
<b><u>Remit To Information</u></b>	
Company Name (as it appears on invoice): <u>Stardust Non-Profit Building Supplies, Inc</u>	
Company Payment Remit To Address :	
Street Address: <u>1720 W Broadway Rd. #101</u>	
City, State, Zip: <u>Mesa, AZ 85202</u>	
<b><u>Company Tax Information</u></b>	
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: _____	
<b><u>Payment Options</u></b>	
Will your company accept the City's Master Card for payment?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Will your company accept Payment via ACH (Automated Clearing House) for payment?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**THIS PROPOSAL IS OFFERED BY**

**REQUIRED SIGNATURE OF AUTHORIZED OFFEROR (MUST SIGN IN INK)**

By signing this Vendor's Offer, Offeror acknowledges acceptance of all terms and conditions contained herein and that prices offered were independently developed without consultation with any other Offeror or potential Offeror. Failure to sign and return this form with proposal response will be considered nonresponsive and rejected.

 _____ Signature of Authorized Offeror	<u>1/4/2016</u> _____ Date
Karen L Jayne _____ Print or Type Name of Authorized Individual	Chief Executive Officer _____ Title of Authorized Individual